

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch

**Request for Proposals**

**RFP No.: HTH 550-9**  
**Big Island Perinatal Disparities Program**

June 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

June 20, 2006

**REQUEST FOR PROPOSALS****BIG ISLAND PERINATAL DISPARITIES PROGRAM  
RFP No. HTH 550-9**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals from qualified applicants to provide core services of outreach for participant recruitment and retention, health education/training, perinatal depression screening and referral (as part of risk assessment and including completion of referral), and case management to Hawai'i County adolescents, and Hawaiian, Pacific Islander, and Hispanic women during pregnancy through a two (2) year interconception period. These services are designed to increase entry into first trimester prenatal care and decrease incidence of low birth weight, pre-term, and infant mortality. To address the factors contributing to these disparities, the proposed scope of program services will cover the pregnancy and interconception phases for the identified groups of women and infants. In order to promote longer interconception periods and prevent relapses of risk behaviors, the women and infants are to be followed through the infant's second year of life and/or two (2) years following delivery. The contract term will be from October 1, 2006 through May 31, 2008 with the option to extend up to an additional twelve months and no later than May 31, 2009. Proposals may be submitted for service focused primarily on the west side or the east side of the island; however, a single contract is preferred for county-wide service.

Proposals shall be mailed, postmarked by the United States Postal Service, on or before July 24, 2006, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on July 24, 2006, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Health Services Division will conduct an orientation on June 29, 2006 from 9:30 a.m. to 1:00 p.m. HST, at the Waimea Civic Center, 67-5189 Kamamalu Street, Kamuela, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on July 5, 2006. All written questions will receive a written response from the State on or about July 10, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. June Y. Shibuya, R.N. at 46 Keawe Street, Hilo, Hawaii 96720, telephone: (808) 974-4291, fax: (808) 974-4285, e-mail: [june.shibuya@doh.hawaii.gov](mailto:june.shibuya@doh.hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

<b>NUMBER OF COPIES TO BE SUBMITTED: 1 original + 3 copies</b>
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ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **July 24, 2006** and received by the state purchasing agency no later than **10 days from the submittal deadline**.

**All Mail-ins**

Department of Health  
Maternal & Child Health Branch  
Women's Health Section  
741-A Sunset Avenue, Room 102  
Honolulu, Hawaii 96816

**DOH RFP COORDINATOR**

Candice R. Calhoun  
For further info. or inquiries  
Phone: 733-9048  
Fax: 733-9032

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 p.m., Hawaii Standard Time (HST), July 24, 2006**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., July 24, 2006.

**Drop-off Sites****Oahu:**

Department of Health  
Maternal & Child Health Branch  
Women's Health Section  
741-A Sunset Avenue, Room 102  
Honolulu, Hawaii

**East Hawaii:**

Department of Health  
Keawe Health Center  
46 Keawe Street  
Hilo, Hawaii  
Attn: DOH Maternal & Child Health  
Branch/Women's Health Section

**West Hawaii:**

Department of Health  
Kealahou Business Plaza  
81-980 Haleki'i Street  
Kealahou, Hawaii  
Attn: DOH Maternal & Child Health  
Branch/Women's Health Section

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	June 20, 2006
Distribution of RFP	June 2006
RFP orientation session	June 29, 2006
Closing date for submission of written questions for written responses	July 5, 2006
State purchasing agency's response to applicants' written questions	July 10, 2006
Discussions with applicant prior to proposal submittal deadline (optional)	July 2006
Proposal submittal deadline	July 24, 2006
Discussions with applicant after proposal submittal deadline (optional)	July 2006
Final revised proposals (optional)	July 2006
Proposal evaluation period	July 2006
Provider selection	August 4, 2006
Notice of statement of findings and decision	August 7, 2006
Contract start date	Notice to Proceed

## II. Website Reference

The State Procurement Office (SPO) website is [www.spo.hawaii.gov](http://www.spo.hawaii.gov)

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

### Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at [www.hawaii.gov](http://www.hawaii.gov))

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	<a href="http://www.hawaii.gov/tax/">http://www.hawaii.gov/tax/</a> click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://www.capitol.hawaii.gov/">http://www.capitol.hawaii.gov/</a> click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://www.hawaii.gov/dcca">http://www.hawaii.gov/dcca</a> click "Business Registration"
11	Campaign Spending Commission	<a href="http://www.hawaii.gov/campaign">www.hawaii.gov/campaign</a>

## III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.



#### IV. RFP Organization

This RFP is organized into five (5) sections:

**Section 1, Administrative Overview**--Provides applicants with an overview of the procurement process.

**Section 2, Service Specifications**--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

**Section 3, Proposal Application Instructions**--Describes the required format and content for the proposal application.

**Section 4, Proposal Evaluation**--Describes how proposals will be evaluated by the state purchasing agency.

**Section 5, Attachments** --Provides applicants with information and forms necessary to complete the application.

#### V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of <b>Health</b>
Family Health Services Division, Maternal and Child Health Branch
741-A Sunset Avenue, Honolulu, Hawaii 96816
Phone:(808) 733-9050 Fax: (808) 733-9032

#### VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date:** June 29, 2006 **Time:** 9:30 a.m. to 1:00 p.m.

**Location:** Waimea Civic Center, Kamuela, Hawaii

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official

responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

## **VII. Submission of Questions**

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** July 5, 2006      **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

**Date:** July 10, 2006      **Time:** 4:30 p.m. HST

## **VIII. Submission of Proposals**

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
- 5. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department

of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required upon notice of award.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)
- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a

legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)

- G. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

- H. Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed proposals and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means are not permitted. See section 3-143-504, HAR.

## **IX. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **X. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XI. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XII. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XIII. Final Revised Proposals**

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIV. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XVI. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XVII. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR)
- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR)

## **XVIII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XIX. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>
Name: Chiyome Leina'ala Fukino, M.D Title: Director of Health Mailing Address: P.O. Box 3378, Honolulu, HI 96801 Business Address: 1250 Punchbowl Street, Honolulu, HI 96813
<b>Procurement Officer</b>
Name: Ann H. Kinningham Title: Chief, Administrative Services Office Mailing Address: P.O. Box 3378, Honolulu, HI 96801 Business Address: 1250 Punchbowl Street, Honolulu, HI 96813

## **XX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

## **XXI. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

## **XXII. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **XXIII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.



# **Section 2**

## **Service Specifications**

## Section 2

### Service Specifications

#### I. Introduction

##### A. Overview, Purpose or Need

The Hawai'i Department of Health (HDOH) is in the seventh year of funding under the Department of Health and Human Services, Health Resources and Service Administration (HRSA) grant, Eliminating Disparities in Perinatal Health, Border Health Hawai'i and Alaska, to eliminate disparity and improve women's health by enhancing the capacity of the Hawai'i County perinatal service system. Administered by the Maternal and Child Health Branch (MCHB), services delivered under this grant seek to reduce infant mortality and improve perinatal outcomes (such as low birth weight, LBW) by utilizing culturally appropriate interventions, to improve first trimester entry into prenatal care by the primary target populations of Native Hawaiians (which include full and part Hawaiians), other Pacific Islanders (such as migrants from the Freely Associated States), Hispanics, and adolescents.

The primary objective of this proposal is to enhance community capacity in Hawai'i County by supporting development of a perinatal care system that improves outcomes for the target populations facing the greatest disparities.

The purpose of the Program is to continue to support the provision of core services of outreach for participant recruitment and retention, health education/training, screening for risk factors including perinatal depression, and case management. Full service delivery would be a continuous period of nine (9) months (prenatal), and two (2) years (interconception).

Core services shall begin in the first trimester of pregnancy and continue into the interconception period (which includes the post-partum phase), completing continuity of care for the target groups at two (2) years from the time of birth of the infant.

In addition, the Program will continue to support community system development with core interventions utilizing a local health systems action plan for comprehensive perinatal care and with the Consortia in collaboration with other state programs and community. The Awardee shall actively and fully participate in and support members of the Consortia in addressing community-based direction and need. The Awardee shall also partner with the Consortia in providing health education to the community as well as other community focused events/activities.

This Request is for direct support service delivery of women's and perinatal health needs during the prenatal and interconception period, up to two (2) years from delivery, to decrease disparity specifically for Native Hawaiians, other Pacific Islanders, Hispanics, and adolescents by supporting good pregnancy outcomes via increased entry into first trimester prenatal care with two (2) year birth spacing and future health outcomes with a decrease in low birth weight infants and infant mortality in Hawai'i County. Services will be provided in a comprehensive, holistic system of outreach, assessment, case management, and health education. Services will also be linked and integrated with primary care physicians/medical services that support women and their infants/toddlers during these timeframes.

**B. Planning Activities Conducted in Preparation for this RFP**

A Request for Information meeting was conducted Tuesday, May 16, 2006 from 9:00 a.m. to 1:00 p.m. at the Waimea Community Center in Kamuela, Hawaii. A written summary of the meeting and **all related information** is available upon request to June Y. Shibuya at [june.shibuya@doh.hawaii.gov](mailto:june.shibuya@doh.hawaii.gov).

**C. Description of the Goals of the Service**

The measured outcome of this comprehensive, holistic, integrated service will be a:

- decrease in low birth weight infants; and,
- decrease in infant mortality rates

among the target groups of Native Hawaiians, other Pacific Islanders, Hispanics, and adolescents in Hawai'i County by increasing entry into first trimester prenatal care by a primary care provider and adequate birth spacing (minimum two [2] years between deliveries).

Therefore, the four (4) major service delivery outcomes are to:

1. Increase entry into first trimester prenatal care (via outreach).
2. Improve perinatal outcomes by case managing high risk pregnancies (utilizing Care Plans).
3. Improve women's health by reducing identified psycho-social/environmental risk factors (via risk assessment and health education).
4. Enhance early and adequate prenatal care and interconception care (via direct delivery of support services, case management/care coordination).

The eight (8) major activities related to the delivery outcomes are:

1. Identify women at risk for poor pregnancy outcomes from the target populations (via outreach activities).
2. Engage women at risk for poor pregnancy outcomes from the target populations in first trimester prenatal care (via recruitment activities).
3. Retain women at risk for poor pregnancy outcomes from the target populations in support services until two (2) years from delivery (via retention activities).
4. Provide support services in culturally appropriate and creative ways which support mental wellness and include members of the women's social support system.
5. Provide assessments, interventions, counseling, education, and referrals to assure improved care as part of the Hawai'i County perinatal health system.
6. Complete case management Care Plans to include the most recent risk assessment, completed referrals, and related outcomes to ensure that women and their infants/toddlers receive appropriate medical and social services.
7. Participate as a partner in the Consortia.
8. Participate as a partner in the Oahu based quarterly perinatal provider meetings supporting collaboration, technical assistance, and training.

#### **D. Description of the Target Population to be Served**

The target population is child-bearing aged women of Native Hawaiian, other Pacific Islander, and Hispanic ethnicity, and adolescents, residing in Hawai'i County who are pregnant or who, within the past 12 months of first contact, have experienced:

- a spontaneous abortion (miscarriage/before the 20th week of pregnancy)
- an intentional termination of pregnancy due to nonviable fetus (medical reason/fetal death)
- fetal death
- infant death, including SIDS
- a high risk pregnancy (i.e., low birth weight infant)

To address the factors contributing to the racial and ethnic, cultural, socio-economic, and geographic disparities the target population faces, the proposed scope of Program services will cover the pregnancy and interconception phases for the identified groups of women and infants/toddlers. In order to promote longer interconception periods and prevent relapses of risk behaviors, the women and infants/toddlers are to be followed through the infant's second year of life and/or two (2) years following delivery.

The Awardee is expected to serve a minimum of 350 women in the first contract period (eight months).

**E. Geographic Coverage of Service**

South Hawai'i: District of Ka'u.

West Hawai'i: Districts of North and South Kona.

North Hawai'i: Districts of Hamakua and North & South Kohala.

East Hawai'i: Districts of Hilo and Puna.

(State of Hawai'i, Primary Care Needs Assessment Databook 2003, Map 1)

**F. Probable Funding Amounts, Source, and Period of Availability**

Available funds are from grant funds which are applied for and awarded on a year by year basis (2006-2007, 2007-2008, and 2008-2009) and based on a program period of June 1, 2005 to May 31, 2009. Funds are contingent on federal grant award and are based on availability of funding and a continuation of need.

The contract term will be from October 1, 2006 through May 31, 2008 with the option to extend up to an additional twelve months and no later than May 31, 2009. Proposals may be submitted for service focused primarily on the west side or the east side of the island; however, a single contract is preferred to serve all of Hawai'i County. Partnerships are encouraged and subcontracts allowed pending State approval and tax clearances. Federal funds are available for renewal once a year and ending May 31, 2009. The probable funding amount for the contract period (one [1] year, eight [8] months of federal funding) is as follows:

October 1, 2006 through May 31, 2007 (eight [8] months of federal funding) is up to \$400,000.00 dependent on federal grant funding award and availability of federal grant monies.

June 1, 2007 through May 31, 2008 (12 months of federal funding) is up to \$600,000.00 dependent on federal grant funding award and availability of federal grant monies. An additional 12 months of federal funding from June 1, 2008 to May 31, 2009 is dependent on confirmed availability of federal funding and successful implementation of this grant award.

Any extension of contract terms or dates would be based on contract performance and dependent on federal grant funding award and availability of federal grant monies.

**II. General Requirements****A. Specific Qualifications or Requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201, which can be found on the SPO website ([www.spo.hawaii.gov](http://www.spo.hawaii.gov)).

Registered nurses and physicians providing services must have unencumbered licenses to practice in the State of Hawai'i.

The applicant shall be HIPAA compliant.

Compliance with OSHA Blood Borne Pathogens, CLIA Requirements, and HIPAA must be met.

**B. Secondary Purchaser Participation**

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases "none".

**C. Multiple or Alternate Proposals**

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

**D. Single or Multiple Contracts to be Awarded**

(Refer to §3-143-206, HAR)

☒ Single ☐ Multiple ☐ Single & Multiple

Multiple awards shall be considered, although preference is for a single contract.

Criteria for multiple awards:

West Hawai'i: District of Ka'u, Census tracts 212.2 and 212.3; Districts of North and South Kona, Census tracts 213 – 216; Districts of North & South Kohala, Census tracts 217 – 218; and, District of Hamakua, Census tract 219.

East Hawai'i: District of Hamakua, Census tracts 220 – 221; Districts of Hilo and Puna, Census tracts 201-211; and, District of Ka'u, Census tract 212.1.

(Source: U.S. Census Bureau, American Mapfinder)

Applicant shall identify geographic areas by name of location and corresponding census tracts in Proposal.

**E. Single or Multi-Term Contracts to be Awarded**

(Refer to §3-149-302, HAR)

☐ Single term ( $\leq$  2 yrs) ☒ Multi-term ( $>$  2 yrs.)

Contract terms:

Initial term of contract: One (1) year and eight (8) months

Length of each extension: Up to twelve (12) months

Number of possible extensions: One (1)

Terms for extension will be based on achievement of stated performance objectives via data analysis and delivery of stated services via monitoring.

Maximum length of contract: Two (2) years and eight (8) months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

The conditions for extension will be based on the criteria stated in **Section 1. XXI. Monitoring & Evaluation**, 1-9, and according to the authority of the Maternal and Child Health Branch Chief, Principal Investigator of the federal Healthy Start Initiative grant.

Decisions to extend will be made no later than six (6) months prior to the end of the stated contract period of May 31, 2008.

Conditions for extension include, but are not limited to: Must be in writing and must be executed no later than one (1) month prior to expiration.

**F. RFP Contact Person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

June Y. Shibuya, R.N.  
Maternal and Child Health Branch  
Keawe Health Center  
46 Keawe Street  
Hilo, Hawaii, 96720-2450  
808-974-4291  
[june.shibuya@doh.hawaii.gov](mailto:june.shibuya@doh.hawaii.gov)

### III. Scope of Work

The Awardee shall provide not less than 55% of described core service activities. The Awardee shall include descriptions of planned subcontracts within this proposal. If accepted, the proposal will serve as the subcontracting plan by the Department upon execution of the contract. All data reporting/billing shall be the responsibility of the Awardee. All applicable sections of HAR shall be fully employed by the Awardee and enforced by the Department.

The scope of work encompasses the following tasks and responsibilities:

#### A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

Provide core services of outreach for participant recruitment and retention, health education/training, screening for risk factors including perinatal depression, and case management to Native Hawaiian, Other Pacific Islander, Hispanic, and adolescents with an emphasis on entry into first trimester care. However, women can be admitted at any time during their pregnancy.

Applicant shall:

1. Promote positive pregnancy outcomes by increasing entry into first trimester care by:
  - a. Utilizing best practices as well as promising practices that include and emphasize creative outreach, engagement, and retention from first trimester pregnancy through the two (2) year interconception period of the target populations;
  - b. Utilizing neighborhood women to support the process of outreach and recruitment;
  - c. Promoting the resiliency of women and their families by utilizing approaches to enhance communication, socialization, decision-making, coping, parenting skills, and positive child development within the family constellation; and
  - d. Utilizing culturally appropriate health education material and approaches to service delivery acceptable to the target populations being served.
2. Utilize a variety of best practices as well as promising practices by case managing, coordinating health care and enabling services to reduce risk behaviors and/or risk factors which can negatively impact women's and perinatal health outcomes by:



- a. Conducting and/or assuring that risk assessments for health, psycho-social behaviors and/or conditions placing the woman and her fetus at greater risk for poor birth outcomes with emphasis on screening for substance use (smoking, marijuana, etc.), perinatal depression, and chronic medical conditions (e.g. diabetes);
  - b. Utilizing care plans for all women served to include risk assessments, established goals, referrals, and birth and service outcomes;
  - c. Supporting and assisting women and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care;
  - d. Ensuring follow-up with pregnant women who have delivered to provide appropriate support services from first trimester pregnancy through two (2) years of the interconception period;
  - e. Promoting family planning information/services and women's health care so that every pregnancy is a planned and healthy pregnancy; and
  - f. Conduct regular client satisfaction surveys to assure service appropriateness and relevancy.
3. Provide a variety of health education/awareness activities utilizing group sessions, individual health counseling, and related media approaches/strategies with required topics including, but not limited to:
- a. Smoking Cessation
  - b. Perinatal Depression and Stress
  - c. Prevention, Early Identification, testing and treatment for HIV, STDs/STIs, such as Chlamydia and Syphilis
  - d. Preterm Labor
  - e. Folate
  - f. Family Violence
  - g. Information on Back-to-Sleep/Safe Sleep
  - h. Substance Abuse Prevention
  - i. Oral Health
  - j. Family Planning
  - k. Environmental Exposure/Common Household Exposure
  - l. Breastfeeding
  - m. Medical Home
  - n. Immunizations
  - o. Nutrition, Weight, and Exercise
  - p. Self Care, including social support and male partner involvement

Appropriate documentation of any health counseling education or related activity must be filed in client's record.

4. Support the Hawai'i County local Health System Action Plan by:
  - a. Participating in the Big Island Consortium as an active member;
  - b. Collaborate and form partnerships with other stakeholders to support activities to improve the Perinatal Health System on the Big Island.

**B. Management Requirements (Minimum and/or mandatory requirements)**

**1. Personnel**

It is requested the case managers/professional program staff include licensed Registered Nurses or Social Workers because of case complexities; with a minimum of one (1) FTE Registered Nurse and one (1) FTE Social Worker. Para-professionals may be used with the assurance that they are closely and regularly supervised (weekly for one [1] hour in order to review every participant seen) by the Registered Nurses or Social Worker professional staff. This supervision must be documented in a record/file for every paraprofessional including, but not limited to, date, duration of review, strategies/guidance given related to risk assessment, and current status of participant.

Neighborhood Women shall be utilized to uniquely outreach to women not yet in care with an emphasis on reaching the target populations and to assist with follow-up to facilitate program services in a community-based and culturally appropriate manner.

**2. Administrative**

The MCHB Chief provides primary direction to the contracted Program administrator and staff. Additional MCHB administrative staff who may offer guidance include the Women's Health Section Supervisor, the Epidemiologist, the On-site Coordinator, and the West Hawai'i Liaison.

The Awardee shall comply with all MCHB evaluation measures and data collection standards, data entry requirements, reporting obligations, formats, timelines, and related data management issues.

The Awardee shall comply with all HDOH standards and guidelines for implementation, forms, quality improvement system efforts, monitoring, reporting, and billing requirements.

### **3. Quality assurance and evaluation specifications**

Quality assurance will be overseen and monitored by Department of Health staff through a variety of methods:

- a. Monthly meetings with key Program case managers.
- b. Monthly data review and reporting with appropriate technical assistance and support, as required.
- c. Data quality control protocols.
- d. Quarterly record reviews.

### **4. Output and performance/outcome measurements**

The Awardee shall have responsibility for achieving performance and outcome measures [See Section 3 for more detail, See Section 5 for blank forms to be completed by applicants].

Annual variance reports will be generated by MCHB.

The performance measures are linked to state and federal objectives. Some of this information will be collected via the billing forms which also serve as data collection forms. Other data will be collected either directly by MCHB or in conjunction with the Consortia utilizing other data collection forms, such as those required under the federal grant:

### **5. Experience**

The Awardee shall have documented service provision experience with Native Hawaiian, Other Pacific Islander, Hispanics, and adolescent populations. The Awardee shall have demonstrated experience in achieving required outcomes measures and/or indicators of success, including but not limited to: outreach, recruitment, and retention; health education; risk assessment and follow-up; case management services; working at the community level with community members; and, active participation on community coalitions/consortium.

### **6. Coordination of services**

Case Management requires coordination of services for participants enrolled into the Program. Coordination of services includes, but is not limited to:

- a. Assurance that referrals made on behalf of the participant are completed and the participant is receiving services needed and requested.

- b. Case conferencing for participants that have multiple agencies involved to assure proper coordination of services for the participant.

## **7. Reporting requirements for program and fiscal data**

- a. Required Awardee Program Reports:

As necessary, quarterly and year-end reports shall be provided in a format specified by the Department in which the Awardee summarizes major activities undertaken during the report period as well as accomplishments, problems encountered, recommendations, and proposed future activities. Data to be reported usually includes, but may not be limited to, the items on the attached Form A. [See Section 5.]

If applicable, as determined by the Department, monthly participant-specific data shall be reported in a format specified by the Department.

- b. Required Awardee Fiscal Reports:

- 1) Applicants will submit invoices in the format provided by the Department. Invoices shall be complete, accurate, and timely. Invoices deemed incomplete, inaccurate, or not timely by the Department shall be returned to the Applicant for correction and resubmittal.

Data forms located in Section 5 will be the reporting requirement and will also serve as the billing format.

A standardized data collection form will be provided for intake (Form 1 – Demographics for prenatal women and Form 4 – Demographics for interconceptional women), Psycho/Social Risk Assessment conducted quarterly for women (Form 2 and Form 5) and infants/toddlers (Form 6). These forms will be used to aggregate all state data, assist with measuring all performance measures, and for billing purposes. The Department of Health Maternal and Child Health Branch will oversee data entry and assessment. Data will be shared with providers and the Consortia to assist with program outcomes.

Form 1 and Form 4 will be submitted on a weekly basis, immediately after first contact with the woman, in order to

establish a record and identification number (which will be forwarded to the Awardee as the identification number to be used for all future documentation, data, and billing) as well as to enter into the data tracking and monitoring system. These forms are necessary to expedite entry and processing of all other forms for billing. Thus, it is imperative that these forms be submitted on a consistent and regular (weekly) basis to the MCHB Epidemiology office on O'ahu.

- 2) For fixed-rate contracts no budgets or expenditure reports are required.

Reports of collections of revenues from other sources of funding may be requested in a format specified by the Department.

c. **Penalties for Late Reporting**

Unless otherwise specified in the contract, quarterly program reports are due thirty (30) days after the end of the quarter. Payment for invoices submitted after the end of the quarter will not be authorized until all reports due are submitted. If quarterly reports due are not submitted by the end of the federal fiscal year (May 31<sup>st</sup>), funding will lapse and the Awardee will become ineligible for payment. The Awardee will still be required to maintain the capacity to provide the contracted level of services in spite of the lost funding.

**8. Pricing structure or pricing methodology to be used**

Two pricing structures will be used by the Department for the RFP.

Cost Reimbursement	The State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum contract amount.
Fixed Rate	The State pays the contractor a set rate for a defined unit of service up to a stated maximum contract amount. The State and the contractor agree on the number of units of service to be delivered for the stated contract amount.

The pricing methodology may be revised by mutual agreement throughout the term of the contract.

**See Table I and Table II Below:****Table I. Pricing Methodology**

Contract Period	Cost Reimbursement	Fixed Rate via Defined Service Unit
First eight (8) month contract period commencing October 1, 2006 and ending May 31, 2007.	\$15,000.00 maximum for group activities.	Data Collection/Reporting Forms: <ol style="list-style-type: none"> <li>1. Initial Prenatal (Demographic Intake for Pregnant Women)</li> <li>2. Risk Assessment - Prenatal</li> <li>3. Post-Pregnancy Information</li> <li>4. Initial Interconception (Demographic Intake for Interconceptional Women)</li> <li>5. Risk Assessment - Interconception</li> <li>6. Risk Assessment - Infant/Toddler Visit</li> </ol>
	\$50,000.00 maximum for health promotion and outreach materials.	
	\$120,000.00 maximum to support outreach and recruitment of target population pregnant women via the "Neighborhood Woman" strategy/position.	
Contract Period	Cost Reimbursement	Fixed Rate
Second twelve month contract period commencing June 1, 2007 and ending May 31, 2008.	\$10,000.00 maximum for group activities.	Data Collection/Reporting Forms: <ol style="list-style-type: none"> <li>1. Initial Prenatal (Demographic Intake for Pregnant Women)</li> <li>2. Risk Assessment - Prenatal</li> <li>3. Post-Pregnancy Information</li> <li>4. Initial Interconception (Demographic Intake for Interconceptional Women)</li> <li>5. Risk Assessment - Interconception</li> <li>6. Risk Assessment - Infant/Toddler Visit</li> </ol>
	\$10,000.00 maximum for health promotion and outreach materials.	
	\$80,000.00 to support outreach and recruitment of target population pregnant women via the "Neighborhood Woman" strategy/position.	

**Table II. Maximum Amounts Available in Cost Reimbursement**

Contract Period	Cost Reimbursement	Maximum and Minimum Dollar Amounts Allowable
First eight (8) month contract period commencing October 1, 2006 and ending May 31, 2007.	\$15,000.00 maximum for group activities.	Group activities should address the diversity of the population served with respect towards cultural practices, as well as identified/assessed learning needs. Funds for group activities should include childcare, incentives, transportation, materials, food, speakers, etc. The groups will be planned around health education topics listed in the RFP. A group activity may include multiple sessions.
	\$50,000.00 maximum for health promotion and outreach materials. The Awardee shall follow all federal and state requirements for review of materials being developed, ensure all funding sources and other required information is printed on any material(s), and ensure that a timeline is developed which coordinates all approval processes with the Department for any marketing and outreach material development prior to material(s) completion and distribution.	
	\$120,000.00 maximum to support outreach and recruitment of target population pregnant women via the "Neighborhood Woman" strategy/position.	Agency may employ or contract with women who are of the target populations to provide the bridge that brings women into services. These women will be adequately compensated for their service to the program, including reimbursement of operational expenses. All geographic areas must be appropriately served by the neighborhood women.
Second twelve month contract period commencing June 1, 2007 and ending May 31, 2008.	\$10,000.00 maximum for Group Activities	
	\$10,000.00 maximum for health promotion and outreach materials. The Awardee shall follow all federal and state requirements for review of materials being developed, ensure all funding sources and other required information is printed on any material(s), and ensure that a timeline is developed which coordinates all approval processes with the Department for any marketing and outreach material development prior to material(s) completion and distribution.	
	\$60,000.00 maximum to support outreach and recruitment of target population pregnant women via the "Neighborhood Woman" strategy/position.	

## 9. Units of service and unit rate

See Table III, Table IV, and Table V below. Transitioning women will be transferred from the Malama A Ho’opili Program to the Awardee. The new Awardee will use the unit of service and rate as shown in New Participant boxes below.

**Table III. Unit Rate Thresholds**

PARTICIPANT TYPE	INTAKE		PREGNANCY				INTERCONCEPTION PERIOD											
			FIRST	SECOND	THIRD	BIRTH	Q1	Q2	Q3	Q4	Q5/Q6	Q7/Q8						
	1	4	2a	2b	2c	3	5a	6a	5b	6b	5c	6c	5d	6d	5e	6e	5f	6f
<b>TRANSITION</b>																		
<u>Prenatal Participants</u>																		
- 1st Trimester at transfer	\$0		\$300	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
- 2nd Trimester at transfer	\$0			\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
- 3rd Trimester at transfer	\$0				\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
<u>IC Participants</u>																		
- Met Special Conditions		\$0					\$100		\$100		\$100		\$100		\$100		\$100	
<b>NEW PARTICIPANTS</b>																		
<u>Prenatal Participants</u>																		
- Entered 1st Trimester	\$0		\$300	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
- Entered 2nd Trimester	\$0			\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
- Entered 3rd Trimester	\$0				\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
<u>IC Participants</u>																		
- Met Special Conditions		\$0					\$100		\$100		\$100		\$100		\$100		\$100	

Notes:

1. Transition Participants' Intake forms (Form 1 and Form 4) and initial risk assessment forms (Form 2 and Form 5) will be transferred to Awardee.
2. For New Participants, initial risk assessment form (Form 2a and Form 5a) and intake form (Form 1 and Form 4) are submitted at the same time.
3. Lost-to-follow-up participants will be reimbursed at \$50 for the last form completed; completed forms submitted prior to termination are reimbursed based on the above table.
4. For New Participants, the minimum reimbursement is \$150 and the maximum reimbursement is \$1800.



**Table IV. Service Units and Unit Rates**

	Initial Prenatal & Risk Assessment - Prenatal			Post- Pregnancy Information	Risk Assessment – Interconception	Risk Assessment – Infant/ Toddler Visit
Service Unit	1 <sup>st</sup> T Form 2a with Form 1	2 <sup>nd</sup> T Form 2b with Form 1	3 <sup>rd</sup> T Form 2c with Form 1	Form 3	Form 5	Form 6
Unit Rate for pregnant women with 1 <sup>st</sup> trimester prenatal care and continuing service into the interconception period.	\$300.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Unit Rate for Pregnant Women with 2 <sup>nd</sup> trimester prenatal care and continuing service into the interconception period.		\$200.00	100.00	\$100.00	\$100.00	\$100.00
Unit Rate for Pregnant Women with 3 <sup>rd</sup> trimester prenatal care and continuing service into the interconception period.			\$100.00	\$100.00	\$100.00	\$100.00
Unit Rate for Interconceptional Women (not previously receiving services).					<b><i>Submit first Form 5 with Form 4 \$100.00</i></b>	

**Table V. Data Form Submittal Schedule and Maximum Unit Rate**

	Initial Prenatal	Risk Assessment - Prenatal	Post-Pregnancy Information	Initial Interconception	Risk Assessment – Interconception	Risk Assessment – Infant/Toddler Visit
	Form 1	Form 2	Form 3	Form 4	Each Form 5	Each Form 6
DUE	With Form 2	Within 14 days of first contact, the risk assessment must be completed and submitted. Form 1 must be attached to the Initial Form 2 (depending on entry into prenatal care: 1 <sup>st</sup> trimester is Form 2a, 2 <sup>nd</sup> trimester is Form 2b, and 3 <sup>rd</sup> trimester is Form 2c) or payment will not be approved.	Within two (2) months of delivery	With Form 5	Within 30 days after the close of the quarter service timeframe (e.g., 1 <sup>st</sup> quarter of service is January, February, and March with the form due no later than the last working day in April). Form 4 must be attached to the Initial Form 5 or payment will not be approved.	
SUBMIT	Weekly With Form 2		Within two (2) months of delivery with Initial Form 5 and Initial Form 6		Quarterly	
MAXIMUM PAYABLE		\$500.00 1 <sup>st</sup> T entry \$300.00 for 2 <sup>nd</sup> T entry \$100.00 for 3 <sup>rd</sup> T entry	\$100.00		\$600.00	\$600.00

## 10. Method of Compensation and Payment

### a. Price Structure Based on Unit Cost

The unit cost pricing structure reflects a purchase arrangement in which the State pays the contractor a fixed rate for each client service. The units of service and unit rates are described in Table III, p. 2-14. The State will not consider contracting for services with rates above the fixed unit rate.

### b. Price Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

### c. Conditions for Payment

Payment is processed after approval by the Department. Billing/data collections forms will be submitted with a cover page and billing invoice; format and content to be determined by the Department. Billing/data collection forms will be reviewed for completeness and accuracy by the Department. Those forms deemed unacceptable due to incompleteness or inaccuracy will be identified, and all forms will be returned to the Awardee for correction and resubmittal to the Department. This process will delay payment to the Awardee. Thus, it is critical that all forms be submitted on a timely basis (early in the submittal month, rather than later) and that the Awardee has quality control protocols in place to ensure that all billing/data collection forms that are submitted for payment to the Department are complete and accurate. After approval by the Department, according to quality control protocols related to obtaining reliable and valid data, the invoice will be approved and forwarded for payment processing. Awardee should expect payment within 30 days after approval by the Department. Timeliness of payment is contingent on receipt of invoices.

### d. Contract Modifications

If funds are not being drawn down as projected by the Department, the Department reserves the right to exercise contract modifications in order to adjust monies accordingly.

#### **IV. Facilities**

Facilities shall be adequate relative to the proposed services and be accessible to all women and their families seeking services.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *Proposals must be submitted in a three ring binder or bound.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *The table of contents must be followed. Each section must be clearly labeled.*
- *Sections must be tabbed and labeled.*
- *Each section must be complete. Each sub-category under each section must be answered continuously and clearly under said section. References to other sections and/or sub-sections should be clearly indicated, if necessary.*
- *Each section has a maximum page length that must be adhered to. Narrative which exceeds the maximum page length will not be considered in the review process. Applicants are **strongly** encouraged to review the maximum page length for each section which follows.*
- *A separate, unique written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Each response must be clearly labeled and following the Table of Contents.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

## **I. Program Overview (No more than one page)**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered for Hawai'i County.

## **II. Experience and Capability (No more than 5 pages)**

### **A. Necessary Skills**

The applicant shall possess relevant skills, abilities, and knowledge necessary for successful delivery of the proposed services within the system of care in Hawai'i County.

### **B. Experience**

The applicant shall demonstrate successful, related experience in administration of comparable services and achievement of stated performance/outcome measures pertinent to the proposed services, including those within integrated systems of care. Applicant shall include points of contact, addresses, and e-mail/phone numbers. The State reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. The applicant shall explain how this system will successfully interact with the State system in order to achieve stated federal outcomes.

### **D. Coordination of Services**

The applicant shall demonstrate the capability (ability and willingness) to coordinate services within and without their own agency to include their local community, Hawai'i County, and the State perinatal system of care. Letters of agreement are highly recommended to demonstrate coordination within Hawai'i County. This shall include plans for the after-the-fact secondary purchases of core services.

## **III. Project Organization and Staffing (no more than 5 pages)**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, participant/staff ratio, and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

## **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff specifically licensed Registered Nurses and Social Workers assigned to the program (refer to the qualifications in the Service Specifications, as applicable) and shall describe the approach/system for ensuring that all staff assigned to the program meet stated requirements including, but not limited to, paraprofessionals and outreach workers (Neighborhood Women).

## **B. Project Organization**

### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train, and provide administrative direction relative to the delivery of the proposed services.

### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name, and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

## **IV. Service Delivery (no more than 30 pages)**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including all service activities and tasks to be completed, related work assignments/responsibilities, timelines/schedules, and linkages with other service providers/integration of services within the perinatal system of care in Hawai’i County.

Applicant shall specify the geographic area to be served, with an emphasis on the demographics, service needs, and unique characteristics of each identified area.

Service activities and tasks to be completed are categorized as follows:

1. Identify and describe best practices, including promising practices to be utilized in the provision of outreach, recruitment, and retention.
  - a. Applicant shall completely explain how the interventions, strategies, and plans described above will increase entry into first trimester care and promote positive pregnancy outcomes.
  - b. The applicant shall describe the approach (including staffing) that will be used to integrate Neighborhood Women to reach women not in care with



an emphasis on reaching the target populations and to assist with follow-up to facilitate program services in a community-based and culturally appropriate manner.

- c. Applicant shall describe how family resiliency will be promoted and supported through strategies of enhancing communication, socialization, decision-making, coping, parenting skills, and positive child development. Applicant shall further explain how these strategies/interventions/plans will improve perinatal and interconceptional women's health outcomes.
  - d. Describe how culturally appropriate health education and approaches to service delivery acceptable to the target populations being served will be developed and utilized.
2. Describe the applicants approach to utilizing best practices, as well as promising practices, by case managing, coordinating health care, and enabling services to reduce risk behaviors and/or risk factors which can negatively impact women's and perinatal health outcomes.
- a. How risk assessments will be regularly scheduled, conducted, and utilized to identify, address, and improve health and psych-social behaviors (including perinatal depression) and/or conditions placing the pregnant woman and her fetus at greater risk for poor outcomes such as pre-term delivery, low birth weight infant, and/or infant mortality with particular emphasis on poly-substance use involving smoking and legal/illegal substances (alcohol, over the counter and prescription medications, and illegal drugs);
  - b. How Care Plans will be developed, documented, and fully utilized for all pregnant and interconceptional women served, including the most recent risk assessment, completed referrals, and related outcomes;
  - c. The plan for supporting pregnant and interconceptional women and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care; and
  - d. The plan for assuring family planning and women's health care including interconceptional services are provided appropriately.
3. Describe the applicants approach to incorporating health education/awareness activities utilizing group sessions, individual counseling, and related media approaches/strategies as related to the required items in Section 2, Item III.A.3.
4. Applicant shall describe participation in the Consortia activities and planned actions to support the Perinatal Health System on the Big Island.

5. Applicant shall explain how these strategies/interventions/plans described above will improve perinatal and interconceptional women's health in relationship to the performance measures presented below.

Performance Measures:

1	85% of all pregnant women receive PNC within the 1 <sup>st</sup> trimester.
2	Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.
3	100% of all women served will be screened for risk assessment, including symptoms of perinatal depression.
4	100% of all pregnant women screened as at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) will receive consistent interventions/education/counseling/completed referrals to reduce risk.
5	95% of all women served will co-develop a Care Plan.
6	95% of all women with identified risk receive a completed referral.
7	100% of women will select contraception at the postpartum visit.
8	75% of mothers will be breastfeeding their babies at six (6) months into the interconception period.
9	94% of pregnant women will continue to receive support services until the end of the two (2) year interconception period.
10	90% of women served through the two (2) year interconception period will not have a subsequent pregnancy.
11	80% of those women found to be at risk for poly-substance use (alcohol, cigarette smoking, and illicit drug use) during pregnancy will be risk free for poly-substance use at six (6) months postpartum.
12	100% of women and children will have a medical home.
13	90% of children will be current with well-baby check-ups and immunizations.

The majority of this data will be collected on the billing forms. This data will be monitored on a quarterly basis by the Department. There will also be independent audits of billing/data collection related to chart documentation and Care Plans. The Awardee shall file all billing/data collection forms within the charts of monitoring and audit review. The Department will provide the Awardee with training and technical assistance in the use of the data/billing collection forms. The Department will provide the Awardee with a Perinatal Data Dictionary to assist with completion of data collection/billing forms, and this resource will offer other related service delivery resources. The Department will provide the Awardee with an annual variance report on performance after all data has been collected and analyzed. Corrective action, if needed, will be determined by the Department and will include, but not be limited to, additional training with technical assistance and support from the Department.

The Awardee will attend the Oahu based state perinatal provider meeting which will provide opportunities for expanding collaborations and offer training and technical assistance.

## **V. Financial**

### **A. Pricing Structure**

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

#### **1. Pricing Structure Based on Fixed Rate**

Cost proposal not applicable.

#### **2. Pricing Structure Based on Cost Reimbursement**

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract up to a stated maximum obligation. All budget forms, instructions, and samples are located on the SPO website (see Section 1, II. Website Reference referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

Please complete one (1) set of budget forms for each cost reimbursement component (Group Activities, Health Promotion, and Outreach Materials) for each period of funding (October 1, 2006 through May 31, 2007 and June 1, 2007 through May 31, 2008).

	Group Activities	Health Promotion	Outreach Materials
October 1, 2006 through May 31, 2007	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C
June 1, 2007 through May 31, 2008	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C	Form SPO-H-205 Form SPO-H-206A Form SPO-H-206B Form SPO-H-206C

**B. Other Financial Related Materials**

**1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the most recent financial audit is requested as part of the Proposal Application (must be attached).

**VI. Other**

**A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

An evaluation committee of five (5) designated reviewers will be selected by the procurement officer to review and evaluate proposals. The evaluation committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. No individual scores will be required. The review and evaluation of proposals will be a group effort and the result of the evaluation committee working together to determine one (1) score based on group consensus.

The evaluation will be conducted in three (3) phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	10 points
Service Delivery	65 points
Financial	5 Points

##### **100 Points**

##### **TOTAL POSSIBLE POINTS**

##### **100 Points**

### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

If certified by Council on Accreditation (COA), a copy of the certification must be attached.

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### B. Phase 2 - Evaluation of Proposal Application (100 Points)

A five (5)-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this five (5)-point rating scale. This scale is based on the semantic differential developed by William E. Arnold, James C. McCroskey, and Samuel V.O. Prichard of the University of Connecticut, as well as the Information Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

Place Value	1	2	3	4	5
unsatisfactory	I-----I-----I-----I-----I				outstanding
		marginally adequate	satisfactory	above average	

<b>5 - Outstanding</b>	<ul style="list-style-type: none"> <li>▪ Each bullet identified and addressed clearly.</li> <li>▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</li> </ul>
<b>4 – Above Average</b>	<ul style="list-style-type: none"> <li>▪ Bullets addressed clearly in subheadings under the appropriate numbered heading, (e.g. Necessary Skills under #1 Experience and Capability in RFP) or in distinct sentences or paragraphs.</li> <li>▪ More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</li> </ul>
<b>3 - Satisfactory</b>	<ul style="list-style-type: none"> <li>▪ Competent; general description of “what we do” for all required elements.</li> <li>▪ No additional details, specific examples, or additional services or strategies to achieve RFP.</li> </ul>
<b>2 – Marginally Adequate</b>	<ul style="list-style-type: none"> <li>▪ Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</li> <li>▪ Did not answer the question completely in terms of approach, strategies, services, or descriptions.</li> </ul>
<b>1 - Unsatisfactory</b>	<ul style="list-style-type: none"> <li>▪ Not all bullets or components of a bullet were addressed or evident in the proposal.</li> <li>▪ Only reiterated the wording of RFP or other attached DOH materials.</li> </ul>

***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators about the service(s) being offered.

**1. *Experience and Capability (20 Points)***

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:



- A. Necessary Skills 5 pts.**
- Possesses relevant skills, abilities, and knowledge necessary for the successful delivery of the proposed services within the system of care in Hawai'i County.
- B. Experience 5 pts.**
- Successful, related experience in administration of comparable services and achievement of stated performance/outcome measures pertinent to the proposed services, including those within integrated system of care.
- C. Quality Assurance and Evaluation 5 pts.**
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology and successful integration with the State system in order to achieve stated federal outcomes.
- D. Coordination of Services 5 pts.**
- Demonstrated capability (ability and willingness) to coordinate services within and without their own agency to include their local community, Hawai'i County, and the State perinatal system of care, including after-the-fact secondary purchases of core services.

**2. *Project Organization and Staffing (10 Points)***

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- A. Staffing 5 pts.**
- Proposed Staffing: That the proposed staffing pattern, participant/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.

- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

**B. Project Organization 5 pts.**

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

**3. Service Delivery (65 Points)**

*Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.*

**Each of the following bullets are rated on the five (5)-point rating scale and are weighted.**

- How well the applicant's described interventions, strategies, and plans will increase entry into first trimester care and promote positive pregnancy outcomes. **5 pts.**
- The applicant's approach for integrating Neighborhood Women to reach women not in care emphasizes reaching the target populations and assists with follow-up to facilitate program services in a community-based and culturally appropriate manner. **5 pts.**
- How well the applicant's approach will promote and support family resiliency through strategies of enhancing communication, socialization, decision-making, coping, parenting skills, and positive child development. Further, how well the approach will improve perinatal and interconceptional women's health outcomes. **5 pts.**
- Adequacy of applicants plan to develop and utilize culturally appropriate health education and approaches to service delivery acceptable to the target populations being served. **5 pts.**

- Adequacy of applicants plan to schedule, conduct, and utilize regular risk assessments to identify, address, and improve health and psych-social behaviors (including perinatal depression) and/or conditions placing pregnant women and her fetus at greater risk for poor outcomes such as pre-term delivery, low birth weight infant, and/or infant mortality with particular emphasis on poly-substance use involving smoking and legal/illegal substances (alcohol, over the counter and prescription medications, and illegal drugs). **5 pts.**
- Adequacy of applicant's plan to develop, document, and fully utilize Care Plans for all pregnant and interconceptional women served, including the most recent risk assessment, completed referrals, and related outcomes. **5 pts.**
- Adequacy of applicant's plan for supporting pregnant and interconceptional women and their infants/toddlers in utilizing a medical home and a dental home to ensure wellness and sick care. **5 pts.**
- Adequacy of applicant's plan for assuring family planning and women's health care, including interconceptional services, are provided appropriately. **5 pts.**
- Adequacy of applicant's described participation in the Consortia activities and planned actions to support the Perinatal Health System on the Big Island. **5 pts.**

**The following bullets are rated on the five (5)-point rating scale and are weighted; the maximum point assignment for each bullet is 10.**

- Adequacy of applicant's approach to incorporating health education/awareness activities utilizing group sessions, individual counseling, and related media approaches/strategies. **10 pts.**
- Adequacy of applicant's explanation of how the strategies/interventions/plans described for the service activities will improve perinatal and interconceptional women's health in relationship to **10 pts.**

the performance measures presented in section 3  
(Proposal Application Instructions).

**5. Financial (5 Points)**

A narrative on the budget is required. Requirements of the narrative are as follows:

- Details describing the group activities and its budget and details describing development of marketing products and its budget.
- **Pricing structure based on cost reimbursement**  
Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal.
- **Pricing structure based on fixed unit of service rate**  
Applicant's proposal budget is reasonable, given program resources and operational capacity.
- Adequacy of accounting system and compliance with stated billing requirements.

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Data Collection Forms

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: HTH 550-9

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			<b>X</b>	
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## **Proposal Application Table of Contents**

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
<b>A.</b>	Necessary Skills .....	2
<b>B.</b>	Experience.....	4
<b>C.</b>	Quality Assurance and Evaluation.....	5
<b>D.</b>	Coordination of Services.....	6
<b>E.</b>	Facilities.....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
<b>A.</b>	Staffing.....	7
1.	Proposed Staffing.....	7
2.	Staff Qualifications .....	9
<b>B.</b>	Project Organization .....	10
1.	Supervision and Training.....	10
2.	Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
<b>A.</b>	Cost Proposal SPO-H-205 Proposal Budget SPO-H-206A Budget Justification - Personnel: Salaries & Wages SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits SPO-H-206C Budget Justification - Travel: Interisland SPO-H-206E Budget Justification - Contractual Services – Administrative	
<b>B.</b>	Other Financial Related Materials Financial Audit for fiscal year ended June 30, 1996	
<b>C.</b>	Organization Chart Program Organization-wide	
<b>D.</b>	Performance and Output Measurement Tables Table A	

# INITIAL PRENATAL

## FORM 1

1. Referred by: ☐ 2. ID: [DOH assigns Participant ID] 3. Date Initial Visit: ☐ / ☐ / ☐ (MM/DD/YY)

4. Last Name:

5. First Name:  6. Middle Initial:

7. Maiden Name:

8. DOB: ☐ / ☐ / ☐ (MM/DD/YYYY) 9. Resident Zip Code:

10. Relationship Status: ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced 11. Cohabitation: ☐ YES ☐ NO

12. Citizen Status: ☐ U.S. Citizen ☐ Immigrant ☐ Compact States ☐ Refugee ☐ Student Visa ☐ Tourist Visa ☐ Other

13. Hispanic or Latino Origin: ☐ YES ☐ NO

14. Ethnicity (select one or more): ☐ Chamarro ☐ Marshallese ☐ Vietnamese  
☐ African American/Black ☐ Filipino ☐ Micronesia ☐ Other Asian  
☐ American Indian/Alaskan Native ☐ Hawaiian/Part Hawaiian ☐ Portuguese ☐ Other Pacific Islander  
☐ Caucasian/White ☐ Japanese ☐ Puerto Rican/Mexican/Cuban ☐ Other  
☐ Chinese ☐ Korean ☐ Samoan ☐ Refused

15. Employed? ☐ YES ☐ NO

16. Income Level: ☐ <100% ☐ 100-125% ☐ 126-150% ☐ 151-185% ☐ 186-200% ☐ 201-250% ☐ >250% ☐ Refused

17. Medical Ins Status: ☐ Uninsured ☐ Quest ☐ Private ☐ IHI ☐ Medicaid ☐ Military ☐ Unknown

18. Highest Grade Completed: ☐ Less than 12 Years ☐ 12 Years (HS Graduate/GED) ☐ More than 12 Years

### PREVIOUS PREGNANCY INFORMATION (Answer #20 and #21 based on Prior Pregnancy)

19. Last Pregnancy Date: ☐ / ☐ (MM/YY)

20. Gestational Diabetes? ☐ YES ☐ NO 21. Preterm Labor/Delivery? ☐ YES ☐ NO

### SUBSTANCE USE PRIOR TO BECOMING PREGNANCY

22. Used Alcohol or Tobacco in the 3 months prior to becoming pregnant? ☐ YES ☐ NO  
 If #22 is YES, what was the amount used each day: ☐ Alcohol drinks ☐ Cigarettes

23. Used an inappropriate drug in the month prior to becoming pregnant? ☐ YES ☐ NO  
 If inappropriate drug(s) used, identify type:

### CURRENT PREGNANCY

24. Gravida: ☐ 25. Para: ☐ 26. Pre-pregnancy Weight: BMI ☐ . ☐

27. Type of Provider: ☐ OB ☐ CNM ☐ Other:

28. Date Prenatal Care Started: ☐ / ☐ / ☐

29. Check the Month of Trimester Seen by Provider:

1st Trimester	→	<input type="checkbox"/> Month 1	<input type="checkbox"/> Month 2	<input type="checkbox"/> Month 3
2nd Trimester	→	<input type="checkbox"/> Month 4	<input type="checkbox"/> Month 5	<input type="checkbox"/> Month 6
3rd Trimester	→	<input type="checkbox"/> Month 7	<input type="checkbox"/> Month 8	<input type="checkbox"/> Month 9

30. If seen after 1st trimester, reason:

Did Participant arrive to the State of Hawaii after the first trimester? ☐ YES ☐ NO

31. Trimester Enrolled into Program: ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester

32. Reason why enrolled late into Program:

### INTENDEDNESS OF PREGNANCY

33. Was pregnancy planned? ☐ YES ☐ NO

34. Was pregnancy mistimed? ☐ YES ☐ NO 35. Was pregnancy accepted? ☐ YES ☐ NO

36. Is Partner supportive of pregnancy? ☐ YES ☐ NO 37. Will Partner be involved in care? ☐ YES ☐ NO

### PATERNAL INFORMATION

38. Age: ☐ 39. Hispanic or Latino Origin: ☐ YES ☐ NO

40. Ethnicity (select one or more): ☐ Chamarro ☐ Marshallese ☐ Vietnamese  
☐ African American/Black ☐ Filipino ☐ Micronesia ☐ Other Asian  
☐ American Indian/Alaskan Native ☐ Hawaiian/Part Hawaiian ☐ Portuguese ☐ Other Pacific Islander  
☐ Caucasian/White ☐ Japanese ☐ Puerto Rican/Mexican/Cuban ☐ Other  
☐ Chinese ☐ Korean ☐ Samoan ☐ Refused

41. Highest Grade Completed: ☐ Less than 12 Years ☐ 12 Years (HS Graduate/GED) ☐ More than 12 Years

Form Completed By: Name  Credential/Position

Date ☐ / ☐ / ☐ (MM/DD/YY)



1 2 3

FORM 2

**PARTICIPANT ID:**

PARTICIPANT'S BIRTHDATE:   /   /     (MM/DD/YYYY)DATE ENROLLMENT TERMINATED: 

--	--

 / 

--	--

 / 

--	--

 (MM/DD/YY)[illegible]

# POST-PREGNANCY INFORMATION

**FORM 3**PARTICIPANT ID: PARTICIPANT'S BIRTHDATE:  /  /  (MM/DD/YYYY)DATE ENROLLMENT TERMINATED:  /  /  (MM/DD/YY)1. Number of OB Visits:  1st Trimester  2nd Trimester  3rd Trimester Post-Partum Visits  YES  NO2. Medical Insurance Status:  Uninsured  Quest  Private  IHI  Medicaid  Military  Unknown3. Highest Grade Completed:  Less than 12 Years  12 Years (HS Graduate/GED)  More than 12 Years4. Date of Outcome:  /  /  (MM/DD/YY)5. Pregnancy Outcome:  Live Birth  ITOP  Fetal Death  Left Program  Lost to Follow-up:  /  /  (MM/DD/YY)6. PCP Assigned to Participant:  YES  NO7. Birth Control Method:  YES  NO Is Partner supportive of Method?  YES  NO**FOR LIVE BIRTHS, ANSWER QUESTIONS 8 THROUGH 18**8. Diagnosis:  Normal  Twin/Triplets  Congenital Defect  Prematurity  Birth Injury9. Delivered by:  MD  CNM  OTHER:  10. Delivery Method:  Vaginal  C-Section11. BWT:  GRAMS 12. GA:  WEEKS 13. Sex of Infant:  Male  Female**14. Ethnicity of Infant (select one or more):**

<input type="text"/> African American/Black	<input type="text"/> Chamarro	<input type="text"/> Korean	<input type="text"/> Puerto Rican/Mexican/Cuban	<input type="text"/> Other Pacific Islander
<input type="text"/> American Indian/Alaskan Native	<input type="text"/> Filipino	<input type="text"/> Marshallese	<input type="text"/> Samoan	<input type="text"/> Other
<input type="text"/> Caucasian/White	<input type="text"/> Hawaiian/Part Hawaiian	<input type="text"/> Micronesian	<input type="text"/> Vietnamese	<input type="text"/> Refused
<input type="text"/> Chinese	<input type="text"/> Japanese	<input type="text"/> Portuguese	<input type="text"/> Other Asian	

15. Is Mother breast feeding?  YES  NO16. Neonatal Death (< 28 days after birth):  YES  NO17. Birth Facility: 18. NICU Admission:  NO  YES If YES, how many days: Form Completed By: Name  Credential/Position  Date  /  /  (MM/DD/YY)

# INITIAL INTERCONCEPTION

## FORM 4

1. Referred by: ☐ 2. ID: [DOH assigns Participant ID] 3. Date Initial Visit: ☐ / ☐ / ☐ (MM/DD/YY)

4. Last Name:

5. First Name:  6. Middle Initial:

7. Maiden Name:

8. DOB: ☐ / ☐ / ☐ (MM/DD/YYYY) 9. Resident Zip Code:

10. Relationship Status: ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced 11. Cohabitation: ☐ YES ☐ NO

12. Citizen Status: ☐ U.S. Citizen ☐ Immigrant ☐ Compact States ☐ Refugee ☐ Student Visa ☐ Tourist Visa ☐ Other

13. Hispanic or Latino Origin: ☐ YES ☐ NO

14. Ethnicity (select one or more):

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Micronesia	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hawaiian/Part Hawaiian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Puerto Rican/Mexican/Cuban	<input type="checkbox"/> Other
	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Refused

15. Employed? ☐ YES ☐ NO

16. Income Level: ☐ <100% ☐ 100-125% ☐ 126-150% ☐ 151-185% ☐ 186-200% ☐ 201-250% ☐ >250% ☐ Refused

17. Medical Insurance Status: ☐ Uninsured ☐ Quest ☐ Private ☐ IHI ☐ Medicaid ☐ Military ☐ Unknown

18. Highest Grade Completed: ☐ Less than 12 Years ☐ 12 Years (HS Graduate/GED) ☐ More than 12 Years

19. BMI:  .

### PREVIOUS PREGNANCY INFORMATION (Answer Questions 20-25 based on Last Pregnancy)

20. Last Pregnancy Date: ☐ / ☐ / ☐ (MM/YYYY)

21. Gestational Diabetes? ☐ YES ☐ NO 22. Preterm Labor/Delivery? ☐ YES ☐ NO

23. Prior Pregnancy Outcome: ☐ fetal death ☐ ITOP ☐ high risk pregnancy

24. Used Alcohol or Tobacco in the 3 months prior to becoming pregnant? ☐ YES ☐ NO

If #24 is YES, what was the amount used each day:  Alcohol drinks  Cigarettes

25. Used an inappropriate drug in the month prior to becoming pregnant? ☐ YES ☐ NO

If inappropriate drug(s) used, identify type:

Form Completed By: Name  Credential/Position

Date ☐ / ☐ / ☐ (MM/DD/YY)

# INTERCONCEPTION - RISK ASSESSMENT

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

**FORM 5**

PARTICIPANT ID:

PARTICIPANT'S BIRTHDATE:  /  /  (MM/DD/YYYY)

PCP ASSIGNED? ☐ YES ☐ NO

DATE ENROLLMENT TERMINATED:  /  /  (MM/DD/YY)

RISKS	DATE SCREENED						AT RISK?		DATE SERVICE PROVIDED (MM/DD/YY)										REFERRAL CODES (R1, R2, R3) / DATE SERVICE RECEIVED																		CONDITION I = IMPROVED S = SAME W = WORSE		
									SERVICE 1					SERVICE 2					R1			R2			R3														
	M	M	D	D	Y	Y	Y	N	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D		Y	Y
Age, ≤ 18																																							
Child Care Services																																							
Domestic Violence/IPV																																							
Housing, Inadequate																																							
Jobs/Job Training																																							
Language Assistance Needed																																							
Male Support																																							
Medical Insurance, Lack of																																							
Support System, Poor																																							
Transportation, Lack of																																							
<b>Medical Risk Factors</b>	M	M	D	D	Y	Y	Y	N	SERVICE 1					SERVICE 2					R1			R2			R3														
									M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y	M	M	D	D	Y	Y	
Asthma																																							
Breast cancer																																							
Cholesterol																																							
Depression - Evaluate Condition																																							
Family Planning - Evaluate Condition																																							
Diabetes																																							
Fecal Occult Blood Test																																							
Group B Strep or Bacterial Vaginosis																																							
HIV/AIDS																																							
Hypertension																																							
Immunizations																																							
Nutrition - Evaluate Condition																																							
Oral Health - Evaluate Condition																																							
Other Mental Health Problems																																							
Other STIs																																							
Physical Activity																																							
Sub Abuse (Alcohol) - Evaluate Condition																																							
Amount used per day																																							
Sub Abuse (Tobacco) - Evaluate Condition																																							
Amount used per day																																							
Sub Abuse (Illicit Drug) - Evaluate Condition																																							
Type of Drug used																																							


 /  /  (MM/DD/YY)

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6

## FORM 6

**DATE ENROLLMENT TERMINATED:**      /   /   (MM/DD/YY)

MIDDLE INITIAL: 

If applicable, DATE OF DEATH:   /   /     (MM/DD/YYYY)

**DENTIST:** ☐ YES ☐ NO

Date 



 / 



 / 



 (MM/DD/YY)